



# Inheritance Games Lock-in! Teen After-Hours at the Library Permission & Release Form

**Title: Inheritance Games Lock-in!**

**Date: Friday, August 11<sup>th</sup> Time(s): 7 - 9 pm (guardians please arrive for pickup 5 minutes early)**

**Location: Elkridge Branch**

*[Please print]*

I, \_\_\_\_\_ give permission to my child,

First

MI

Last

First

MI

Last

to attend this after-hours event taking place at Howard County Library System (HCLS) **when the library is closed.**

I understand that:

- Rules of conduct will be enforced.
- HCLS is not responsible should my child leave the building on his/her own.
- Food and beverages may be available to my child as part of volunteering.
- HCLS staff will call 911 in the event of an emergency, and we will make every effort to notify the contact listed below.
- I agree that my child will be picked up by the end of the

**Release from Liability.** I, my successors and assigns, agree to release, discharge, indemnify and hold HCLS and Howard County, (MD), their officers, employees, and agents, harmless for any and all damage to my and/or my child's person or property while he/she is participating in this class/activity/event.

I certify that I am at least eighteen (18) years of age and have the legal capacity to execute this Participant Release Form on my own behalf or on behalf of my child.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tel.: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Tel.: (h) \_\_\_\_\_ (c) \_\_\_\_\_

I understand that I will be expected to follow rules of conduct during this event.

**Age of teenager:** \_\_\_\_\_ **Teenager's signature:** \_\_\_\_\_